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CONFIRMATION NO. 9283

<b>SERIAL NUMBER</b> 09/646,493	<b>FILING OR 371(c) DATE</b> 03/22/2002 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 183-109(US)
<b>APPLICANTS</b> Solomon B. Margolin, Dallas, TX; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/04412 03/01/1999 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 07/05/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 18 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> John H Crozier 1934 Huntington Turnpike Trumbull, CT06611-5116				
<b>TITLE</b> Topical antiseptic compositions and methods				
<b>FILING FEE RECEIVED</b> 113	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	